



Global Youth Service Day



Smithtown Youth Bureau: Global Youth Services Day Application (2 pages)

Please submit one application per project. **Print clearly** and mail completed form to:

Smithtown Youth Bureau, 161 E. Main Street, Smithtown, NY 11787, or Email: ssanders@tosgov.com

Application Deadline April 10, 2015. The Celebration will be held on April 25, 2015, Smithtown H.S. West.

Date: _____

Describe your youth service project (use other sheet if necessary): _____

What impact did it have on the community? _____

Signature of Adult Supervisor (if applicable)

Date _____

Name of youth completing application

Date _____

Address: _____

School/Grade: _____

E-mail: _____



Clearly list the names of all youth who participated in this project (use the back of this application if you need more space).

Release Form *(complete one Release for each youth participant or group)*

In the course of our youth bureau programs, we will from time to time take photos of the participants for use in future publications and on our websites. In addition, we sometimes get media coverage with requests to photograph or film the students participating in one or more activities. If you wish to grant permission for these activities, please check the permission(s) you are granting, and sign the waiver at the bottom.

_____ I hereby authorize the Smithtown Youth Bureau to photograph/film/videotape and sound record my child in the context of activities associated with Global Youth Services Day. I hereby assign all rights to the photographs/films/videotapes and sound recordings made of my child, and I authorize the reproduction, copyright, broadcast, and/or distribution of said material for use in publications and/or on website.

_____ I hereby authorize the Smithtown Youth Bureau to allow the photography/filming/videotaping and sound recording of my child by local media in the context of activities associated with Global Youth Services Day Program. I hereby assign all rights to the photographs/films/videotapes and sound recordings made of my child, and authorize the reproduction, copyright, broadcast, and/or distribution of said material for use by local media in the promotion of these programs.

Name of Child:

Signature of Parent or Guardian:

Date: _____



Town of Smithtown Youth Bureau
www.smithtownny.gov/youthbureau
(631) 360-7595 – ssanders@tosgov.com
Stacey A. Sanders, Executive Director